

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Traditional male circumcision and the risk for HIV transmission among men: a systematic review
AUTHORS	Asa, Gregorius ; Fauk, Nelsensius; Ward, Paul

VERSION 1 – REVIEW

REVIEWER	Ssenyonga, Ronald Makerere University, Epidemiology & Biostatistics
REVIEW RETURNED	14-Feb-2023

GENERAL COMMENTS	<p>The authors did a wonderful job at describing the process and clearly documenting the steps. It was a great read!</p> <p>A few comments</p> <p>Abstract.</p> <ul style="list-style-type: none">- The conclusion seems general - could you specify at least on targeted recommendation from these results. <p>Results</p> <ul style="list-style-type: none">- I found the qualitative results from the studies reviewed well presented. Can the authors also include the quantitative results, even if they come from only 5 studies. <p>The rest of the sections in the article read well!</p>
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REVIEWER	Kaplan, Gary Thomas Jefferson University, Scott Memorial Library
REVIEW RETURNED	17-Feb-2023

GENERAL COMMENTS	<p>The authors conducted a systematic review on traditional male circumcision and the risk of HIV transmission finding social, psychological and health-related themes that will be helpful in formulating more effective health interventions.</p> <p>To strengthen reporting quality and reproducibility I suggest:</p> <p>p.3 line 40: Add detail in the methods section to clarify database name vs. platform for ProQuest, Cochrane and MEDLINE. For example, ProQuest is the platform so also provide the database name: Proquest Research Library: Health & Medicine; ProQuest African Newsstream, etc.</p> <p>p.4 line 42: Report what query was used to search Google and Google Scholar, and how many results were considered (e.g., all, first 200, etc.)</p>
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	<p>p.5 line 48: Report how many people screened each record, and how conflicts were resolved.</p> <p>p.6 line 30: Add a narrative section summarizing the methodological quality of the included studies as a result of the critical appraisals detailed in the supplementary tables.</p>
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REVIEWER	Morris, Brian J. Univ Sydney, School of Medical Sciences
REVIEW RETURNED	02-Mar-2023

GENERAL COMMENTS	<p>This extensive systematic review of adverse health impacts and various psychological aspects of traditional male circumcision (TMC) gathered from 18 studies provides a valuable contribution not previously assembled in one place. As such it provides a valuable overview which has the potential to inform authorities and the communities themselves so as to improve education and training of users and providers towards much safer and better-informed outcomes for these long-standing traditions.</p> <p>Specific comments:</p> <p>Page 1, Abstract, line 13: Change to "traditional male circumcision (TMC)" and use simply "TMC" in Results line 3"</p> <p>Lines 13–14: The tone of this sentence is "loaded" in that it conveys a predetermined conclusion. A more nuanced and thus scientifically acceptable "Objectives" statement is required. I suggest modifying the current version to: "Objectives: To synthesise evidence in order to determine whether, in contrast to medical male circumcision, traditional male circumcision (TMC) practices may contribute to HIV transmission and what the impacts of YMC are on the initiates, their families and societies".</p> <p>Eligibility criteria, line 22: Change to (iii) studies on TMC, HIV transmission and impact in low-and-middle income countries (LMICs):</p> <p>Line 25: Delete "the", so that text becomes "exploring TMC".</p> <p>Results, line 38: Do you mean "significant negative"?</p> <p>Strengths and limitations, first dot point: Change to "the males"</p> <p>Line 57, Last dot point: Change to "may have missed relevant findings reported in ..."</p> <p>Page 2, line 17: Do not capitalize "human immunodeficiency virus"</p> <p>line 19: Change to "Male circumcision provides significant ..."</p> <p>Line 21: Do not capitalize "randomized controlled trials"</p> <p>Line 31: Change to "while another study falsely claimed that circumcision ...: Ref 32 refers to a meta-analysis by renowned anti-circumcision activist Robert Van Howe published in 1999. It was strongly criticized by two groups [Moses, S., Nagelkerke, N.J.D. and Blanchard, J.F. (1999) Commentary: Analysis of the Scientific Literature on Male Circumcision and Risk for HIV Infection. International Journal of STD & AIDS, 10, 626-628; O'Farrell, N. & Egger, M. Circumcision in men and the prevention of HIV infection: a 'meta-analysis' revisited. International Journal of STD & AIDS 2000; 11: 137-142] because he used simple data pooling [Dickersin, K. and Berlin, J.A. (1992) Meta-Analysis: State-of-the-Science. Epidemiologic Reviews, 14, 154-176], leading to a Simpson's Paradox [Rothman, K.J. (1986) Modern Epidemiology. Little Brown and Company, Boston]. This particular work by Van Howe has been used in a textbook on meta-analyses [Barker, F.G. and Carter, B.S. (2005) Synthesizing Medical Evidence: Systematic Reviews and Meta-Analyses. Neurosurgical Focus, 19, E5] and in a review of methods and techniques in meta-analyses</p>
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	<p>[Borenstein, M., Hedges, L., Higgins, J.P.T. and Rothstein, H.R. (2009) Introduction to Meta-Analysis. John Wiley and Sons, West Sussex] to illustrate how data pooling can lead to incorrect results. O'Farrell & Egger re-analyzed the data Van Howe used but stratified it by study and found male circumcision had a significant protective effect with a fixed effect model and a random effect model. His subsequent meta-analysis of MC and human papillomavirus (HPV) infection [Van Howe, R.S. (2007) Human Papillomavirus and Circumcision: A Meta-Analysis. Journal of Infection, 54, 490-496] led to a critique by epidemiologists at the Catalan Institute in Barcelona entitled, "A Biased, Inaccurate and Misleading Meta-analysis" [Castellsagué, X., Albero, G., Cléries, R. and Bosch, F.X. (2007) HPV and Circumcision: A Biased, Inaccurate and Misleading Meta-Analysis. Journal of Infection, 55, 91-93]. Van Howe's 1999 publication was also criticized at the time by. For a review on Van Howe's misleading statistical work in the HIV field, the authors can read: Morris BJ, Barboza G, Wamai RG, Krieger JN. Expertise and ideology in statistical evaluation of circumcision for protection against HIV infection. World Journal of AIDS. 2017; 7: 179-203].</p> <p>Line 31: Delete ref 33 because that study found no difference after correction for potential confounding factors.</p> <p>Meta-analyses that are worth citing, are recent, and that show male circumcision affords significant protection against HIV infection are:</p> <p>Farley TM, Samuelson J, Grabowski MK, Ameyan W, Gray RH, Baggaley R.J Impact of male circumcision on risk of HIV infection in men in a changing epidemic context - systematic review and meta-analysis. J Int AIDS Soc. 2020 Jun;23(6):e25490.</p> <p>Sharma SC, Raison N, Khan S, Shabbir M, Dasgupta P, Ahmed K. Male circumcision for the prevention of human immunodeficiency virus (HIV) acquisition: a meta-analysis. BJU Int. 2018 Apr;121(4):515-526.</p> <p>Lei JH, Liu LR, Wei Q, Yan SB, Yang L, Song TR, Yuan HC, Lv X, Han P. Circumcision Status and Risk of HIV Acquisition during Heterosexual Intercourse for Both Males and Females: A Meta-Analysis. PLoS One. 2015 May 5;10(5):e0125436.</p> <p>Page 2, lines 33-40: The authors must explain that when it comes to male circumcision and HIV infection in socioeconomically advanced countries such as Scandinavian, as well as others in Europe, the UK, North America and Australia male circumcision is protective once sexual practice and sexual activity is taken into account, namely receptive anal intercourse by men who have sex with men (MSM). This is the major source of HIV infection in such countries and obviously male circumcision would have no biological capacity to protect against transmission. For a recent review the authors should refer to: [Morris BJ, Moreton S, Krieger JN, Klausner JD. Infant circumcision for sexually transmitted infection reduction globally. Global Health: Science and Practice 2022; 10 (4): e2100811.]</p> <p>Page 3, line 14: After "developed countries" please add a sentence stating that the American Academy of Pediatrics supports parent approved infant male circumcision because of its health benefits and low procedural risk [American AP American Academy of Pediatrics Task Force on Circumcision. Circumcision policy statement. Pediatrics. 2012; 130(3): 585-586. American AP American Academy of Pediatrics Task Force on Circumcision. Male circumcision. Pediatrics. 2012; 130(3): e756-e785], and that the US CDC recommends male circumcision at any age for the</p>
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	<p>same reasons Centers for Disease Control and Prevention. Information for providers counseling male patients and parents regarding male circumcision and the prevention of HIV infection, STIs, and other health outcomes. 2018. https://stacks.cdc.gov/view/cdc/58456 . Centers for Disease Control and Prevention. Background, Methods, and Synthesis of Scientific Information Used to Inform “Information for Providers to Share with Male Patients and Parents Regarding Male Circumcision and the Prevention of HIV Infection, Sexually Transmitted Infections, and other Health Outcomes” 2018. https://stacks.cdc.gov/view/cdc/58457].</p> <p>Page 3, line 24: PROSPERO is not a search tool, but rather a facility to register the protocol of a systematic review prior to commencement. Please start a new sentence explaining the reason why PROSPERO was searched. This should ensure no confusion.</p> <p>Page 3, line 47: Capitalize “Scholar”.</p> <p>Page 6, Results, line 44: The authors need to understand that it is grammatically incorrect to use “however” as a conjunction. Please start a new sentence.</p> <p>Page 8, line 8: I think the authors actually mean, only part of the foreskin was removed during circumcision? Line 9: The authors most likely mean “having partial foreskin” Line 14: Another grammatically incorrect use of “however”. Please use two sentences.</p> <p>Page 9, line 6: Delete “about” Lines 29-30: Poor English, so change to “resulting in new initiates taking health risks by visiting illegal traditional circumcisers because they charge less” Line 53: Better may be: “marked with acelebration” ? Line 47: Change to “related to pleasure and ...” Here, the authors need to cite two systematic reviews in 2019 of all relevant studies that found women, across various cultures, prefer circumcised men for multiple reasons, including sexual pleasure, less dyspareunia, appearance of the penis, better hygiene, and less risk of infections, including STIs: Grund JM, Bryant TS, Toledo C, Jackson I, Curran K, Zhou S, et al. Association of male circumcision with women’s knowledge of its biomedical effects and with their sexual satisfaction and function: A systematic review. <i>AIDS Behav.</i> 2019; 23(5): 1104-1114; Morris BJ, Hankins CA, Lumbers ER, Mindel A, Klausner JD, Krieger JN, Cox G. Sex and male circumcision: Women’s preferences across different cultures and countries – A systematic review. <i>Sexual Medicine</i> 2019; 7: 145-161].</p> <p>Page 10, line 36: “Girls were considered trivial”? What does that mean? A better word should be used. Line 36, end of line: The word “They” refers to girls, which is the subject of the previous sentence. So, do the authors mean, as this sentence implies, that the girls were not ready for building relationships with women? Line 48: Insert “who” “those who underwent”</p> <p>Page 11, line 13: Same comment. Line 15: Change “are” to “were” Line 26: Change to “consequences” Line 35: Change to “to symbolize”</p>
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	<p>Line 42: Delete “about” Line 46: Do not capitalize “k” and “t”</p> <p>Page 17, line 21 (and in an earlier page): PNG is not in Asia. Since it is but one country, it would be more direct and accurate for the authors to replace “Asia” with “PNG”.</p>
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VERSION 1 – AUTHOR RESPONSE

REVIEWER: 1 (Mr. Ronald Ssenyonga, Makerere University)

Comment:

Abstract.

- The conclusion seems general - could you specify at least on targeted recommendation from these results.

Response

The conclusion has been revised: “This systematic review highlights that TMC practice and HIV risk could bring negative challenges for men and their families. It seems that little attention has been paid to men and their families experiencing the impacts of TMC and HIV risk factors. The findings recommend the need for targeted health intervention programs such as safe circumcision and safe sexual behaviors following TMC, and efforts to address psychological and social challenges in communities practicing TMC”.

Comment:

Results

- I found the qualitative results from the studies reviewed well presented. Can the authors also include the quantitative results, even if they come from only 5 studies.

Response

Quantitative results have been included in section 3.4.1 and section .3.4.2.

Section 3.4.1:

Similarly, a quantitative study in South Africa showed that using one knife or blade to circumcise several initiates in one or several TMC ceremonies were reported to put initiates at high risk of being infected with HIV and other STIs as some of the initiates may have had unsafe sexual intercourse prior to circumcision and may already be HIV-positive. However, another finding in a quantitative study showed that some traditional circumcisers started using one knife or razor one for one initiate.

Section 3.4.2:

Promoting sexual intercourse has led traditional initiates to increase the number of sex partners as reported in two quantitative studies.

REVIEWER: 2 (Prof. Gary Kaplan, Thomas Jefferson University)

Comment:

p.3 line 40: Add detail in the methods section to clarify database name vs. platform for ProQuest, Cochrane and MEDLINE. For example, ProQuest is the platform so also provide the database name: Proquest Research Library: Health & Medicine; ProQuest African Newsstream, etc.

Response

Databases searched included PubMed, CINHALL, SCOPUS, ProQuest Public Health, Cochrane Library, and Medline Complete - EBSCO.

Comment:

p.4 line 42: Report what query was used to search Google and Google Scholar, and how many results were considered (e.g., all, first 200, etc.)

Response

In addition to electronic search, Google Scholar, and google were used to search grey literature using key terms, such as traditional male circumcision OR traditional circumcision.

The search identified a total of 3,041 articles from databases and 8 articles from other sources.

Comment:

p.5 line 48: Report how many people screened each record, and how conflicts were resolved.

Response

The titles and abstracts of the remaining 2,359 articles were screened the first author, further removing a total of 2,118 articles due to irrelevant populations and focus or aims. In total, 241 articles were examined in full text for eligibility by the first and second authors and disagreements were resolved through discussion among the three authors.

Comment:

p.6 line 30: Add a narrative section summarizing the methodological quality of the included studies as a result of the critical appraisals detailed in the supplementary tables.

Response

In general, the quality of methodological assessment of the included studies varied. Among the 18 studies, 5 studies reached 100% of assessment of methodological quality, 8 studies reached 90%, 4 studies reached 80%, and 1 study reached 70%. The detail of the assessment of methodological quality can be seen in Supplementary File 1.

REVIEWER 3 (Dr. Brian J. Morris, Univ Sydney)

Comment:

Page 1, Abstract, line 13: Change to “traditional male circumcision (TMC)” and use simply “TMC” in Results line 3”

Response

This part was addressed in the objective section in the abstract where TMC was changed to traditional male circumcision (TMC). Line 13 and results line 3 were changed simply with TMC.

Comment:

Lines 13–14: The tone of this sentence is “loaded” in that it conveys a predetermined conclusion. A more nuanced and thus scientifically acceptable “Objectives” statement is required. I suggest modifying the current version to: “Objectives: To synthesise evidence in order to determine whether, in contrast to medical male circumcision, traditional male circumcision (TMC) practices may contribute to HIV transmission and what the impacts of TMC are on the initiates, their families and societies”.

Response

Suggestion is accepted. Objective: to synthesise evidence in order to determine whether, in contrast to medical male circumcision, traditional male circumcision (TMC) practices may contribute to HIV transmission and what the impacts of TMC are on the initiates, their families and societies.

Comment:

Eligibility criteria, line 22: Change to (iii) studies on TMC, HIV transmission and impact in low-and-middle income countries (LMICs):

Response

This was addressed. “In developed countries” was deleted.

Comment:

Line 25: Delete “the”, so that text becomes “exploring TMC”.

Response

“the” was deleted.

Comment:

Results, line 38: Do you mean “significant negative”?

Response

“significant” was deleted. So, it becomes “bring negative challenges”

Comment:

Strengths and limitations, first dot point: Change to “the males”

Response

This was addressed. It becomes “This is the first systematic review on TMC and the risk for HIV transmission on the males”

Comment:

Line 57, Last dot point: Change to “may have missed relevant findings reported in ...”

Response

The sentence “may have missed relevant findings reported in ...” has been removed as the journal editor requires one sentence only in each dot point.

Comment:

Page 2, line 17: Do not capitalize “human immunodeficiency virus”

Response

Capital letters have been changed to lowercase.

Comment:

line 19: Change to “Male circumcision provides significant ...”

Response

This has been addressed. It becomes “Male circumcision provides significant protection against HIV transmission and other sexually transmitted infections (STIs) in men”.

Comment:

Line 21: Do not capitalize “randomized controlled trials”.

Response

This was changed to “randomised controlled trials”.

Comment:

Line 31: Change to “while another study falsely claimed that circumcision ...: Ref 32 refers to a meta-analysis by renowned anti-circumcision activist Robert Van Howe published in 1999. It was strongly criticized by two groups [Moses, S., Nagelkerke, N.J.D. and Blanchard, J.F. (1999) Commentary: Analysis of the Scientific Literature on Male Circumcision and Risk for HIV Infection. International Journal of STD & AIDS, 10, 626-628; O’Farrell, N. & Egger, M. Circumcision in men and the prevention of HIV infection: a ‘meta-analysis’ revisited. International Journal of STD & AIDS 2000; 11: 137-142] because he used simple data pooling [Dickersin, K. and Berlin, J.A. (1992) Meta-Analysis: State-of-the-Science. Epidemiologic Reviews, 14, 154-176], leading to a Simpson’s Paradox [Rothman, K.J. (1986) Modern Epidemiology. Little Brown and Company, Boston]. This particular work by Van Howe has been used in a textbook on meta-analyses [Barker, F.G. and Carter, B.S. (2005) Synthesizing Medical Evidence: Systematic Reviews and Meta-Analyses. Neurosurgical Focus, 19, E5] and in a review of methods and techniques in meta-analyses [Borenstein, M., Hedges, L., Higgins, J.P.T. and Rothstein, H.R. (2009) Introduction to Meta-Analysis. John Wiley and Sons, West Sussex] to illustrate how data pooling can lead to incorrect results. O’Farrell & Egger re-analyzed the data Van Howe used but stratified it by study and found male circumcision had a

significant protective effect with a fixed effect model and a random effect model. His subsequent meta-analysis of MC and human papillomavirus (HPV) infection [Van Howe, R.S. (2007) Human Papillomavirus and Circumcision: A Meta-Analysis. *Journal of Infection*, 54, 490-496] led to a critique by epidemiologists at the Catalan Institute in Barcelona entitled, "A Biased, Inaccurate and Misleading Meta-analysis" [Castellsagué, X., Albero, G., Cleries, R. and Bosch, F.X. (2007) HPV and Circumcision: A Biased, Inaccurate and Misleading Meta-Analysis. *Journal of Infection*, 55, 91-93]. Van Howe's 1999 publication was also criticized at the time by. For a review on Van Howe's misleading statistical work in the HIV field, the authors can read: Morris BJ, Barboza G, Wamai RG, Krieger JN. Expertise and ideology in statistical evaluation of circumcision for protection against HIV infection. *World Journal of AIDS*. 2017; 7: 179-203].

Response

Some previous studies failed to prove the correlation between male circumcision and HIV infection prevention, while another study falsely claimed that circumcision increased the risk of HIV transmission (Ref 33; van Howe 1999). This false claim was strongly criticized as the study used simple data pooling that can lead to incorrect results (Ref 34-36: Moses et al., 1999; O'Farrell et al., 2000; Morris et al., 2017)

Comment:

Line 31: Delete ref 33 because that study found no difference after correction for potential confounding factors.

Response

Reference 33 has been deleted. The reference was Grosskurth H, Mosha F, Todd J, Senkoro K, Newell J, Klokke A, et al. A community trial of the impact of improved sexually transmitted disease treatment on the HIV epidemic in rural Tanzania: 2. Baseline survey results. *AIDS (London, England)*. 1995;9(8):927-34

Comment:

Meta-analyses that are worth citing, are recent, and that show male circumcision affords significant protection against HIV infection are:

Farley TM, Samuelson J, Grabowski MK, Ameyan W, Gray RH, Baggaley R.J Impact of male circumcision on risk of HIV infection in men in a changing epidemic context - systematic review and meta-analysis. *J Int AIDS Soc*. 2020 Jun;23(6):e25490.

Sharma SC, Raison N, Khan S, Shabbir M, Dasgupta P, Ahmed K. Male circumcision for the prevention of human immunodeficiency virus (HIV) acquisition: a meta-analysis. *BJU Int*. 2018 Apr;121(4):515-526.

Lei JH, Liu LR, Wei Q, Yan SB, Yang L, Song TR, Yuan HC, Lv X, Han P. Circumcision Status and Risk of HIV Acquisition during Heterosexual Intercourse for Both Males and Females: A Meta-Analysis. *PLoS One*. 2015 May 5;10(5):e0125436.

Response

The references above have been cited in text. The sentence is "likewise, some meta-analysis showed that male circumcision affords significant protection against HIV infection".

Comment:

Page 2, lines 33-40: The authors must explain that when it comes to male circumcision and HIV infection in socioeconomically advanced countries such as Scandinavian, as well as others in Europe, the UK, North America and Australia male circumcision is protective once sexual practice and sexual activity is taken into account, namely receptive anal intercourse by men who have sex with men (MSM). This is the major source of HIV infection in such countries and obviously male circumcision would have no biological capacity to protect against transmission. For a recent review the authors should refer to: [Morris BJ, Moreton S, Krieger JN, Klausner JD. Infant circumcision for sexually transmitted infection reduction globally. *Global Health: Science and Practice* 2022; 10 (4): e2100811.]

Response

Such skepticism seems also to be supported by some evidence from Japan and Scandinavian countries showing that the percentage of circumcised men is low, but the prevalence of HIV cases in these countries is also low (Ref 37). However, when it comes to male circumcision and HIV infection in socioeconomically advanced countries such as Scandinavian, as well as others in Europe, the UK, North America, and Australia male circumcision is protective once sexual practice and sexual activity is taken into account, namely receptive anal intercourse by men who have sex with men (MSM) (Ref 38: Morris et al., 2022). This is the major source of HIV infection in such countries and obviously male circumcision would have no biological capacity to protect against transmission (Ref 38: Morris et al., 2022)

Comment:

Page 3, line 14: After “developed countries” please add a sentence stating that the American Academy of Pediatrics supports parent approved infant male circumcision because of its health benefits and low procedural risk [American AP American Academy of Pediatrics Task Force on Circumcision. Circumcision policy statement. Pediatrics. 2012; 130(3): 585-586. American AP American Academy of Pediatrics Task Force on Circumcision. Male circumcision. Pediatrics. 2012; 130(3): e756-e785], and that the US CDC recommends male circumcision at any age for the same reasons Centers for Disease Control and Prevention. Information for providers counseling male patients and parents regarding male circumcision and the prevention of HIV infection, STIs, and other health outcomes. 2018. <https://stacks.cdc.gov/view/cdc/58456> . Centers for Disease Control and Prevention. Background, Methods, and Synthesis of Scientific Information Used to Inform “Information for Providers to Share with Male Patients and Parents Regarding Male Circumcision and the Prevention of HIV Infection, Sexually Transmitted Infections, and other Health Outcomes” 2018. <https://stacks.cdc.gov/view/cdc/58457>].

Response:

The American Academy of Pediatrics and US CDC believe that the health benefits of male circumcision outweigh the risk (TFO circumcision 2012; US CDC 2018), and that they support parents approved infant male circumcision (TFO circumcision 2012) and recommends male circumcision at any age for the health reason (US CDC 2018).

Comment:

Page 3, line 24: PROSPERO is not a search tool, but rather a facility to register the protocol of a systematic review prior to commencement. Please start a new sentence explaining the reason why PROSPERO was searched. This should ensure no confusion.

Response

We conducted a preliminary search in PubMed, CINHALL, and Scopus and found no underway systematic review on this topic in LMICs and developed countries. We also registered the systematic review to International Register of Systematic Reviews (PROSPERO) to reduce bias and avoid unintended duplication of reviews.

Comment:

Page 3, line 47: Capitalize “Scholar”.

Response

“Google Scholar” is used.

Comment:

Page 6, Results, line 44: The authors need to understand that it is grammatically incorrect to use “however” as a conjunction. Please start a new sentence.

Response

“However” has been deleted. The new sentence is “among the 18 studies, 2 studies did not report the participants’ age”.

Comment:

Page 8, line 8: I think the authors actually mean, only part of the foreskin was removed during circumcision?

Response

Yes, the sentence has been changed to "TMC as an incomplete or partial circumcision as only part of the foreskin was removed during circumcision".

Comment:

Line 9: The authors most likely mean "having partial foreskin"

Response

Yes, the sentence has been changed to "Having partial foreskin is considered the same as not being circumcised as the foreskin keeps semen in the penis..."

Comment:

Line 14: Another grammatically incorrect use of "however". Please use two sentences.

Response

"However" has been deleted and the sentence has been changed to "the findings also showed that the amount of foreskin removed during the ceremony determines the extent of effectiveness against HIV transmission".

Comment:

Page 9, line 6: Delete "about"

Response

"about" has been deleted. The sentence is changed to "Four studies describe economic reasons....."

Comment:

Lines 29-30: Poor English, so change to "resulting in new initiates taking health risks by visiting illegal traditional circumcisers because they charge less"

Response

The sentence has been changed to "new initiates could not afford to pay medical circumcision and the amount of money charged by legal traditional circumcisers resulting in new initiates taking health risks by visiting illegal traditional circumcisers because they charge less".

Comment:

Line 53: Better may be: "marked with a celebration" ?

Response

The sentence has been changed to "This process is marked with a celebration by slaughtering animals (a goat or a sheep) as a sign of thanks to ancestors, family and community".

Comment:

Line 47: Change to "related to pleasure and ..."

Here, the authors need to cite two systematic reviews in 2019 of all relevant studies that found women, across various cultures, prefer circumcised men for multiple reasons, including sexual pleasure, less dyspareunia, appearance of the penis, better hygiene, and less risk of infections, including STIs:

Grund JM, Bryant TS, Toledo C, Jackson I, Curran K, Zhou S, et al. Association of male circumcision with women's knowledge of its biomedical effects and with their sexual satisfaction and function: A systematic review. *AIDS Behav.* 2019; 23(5): 1104-1114; Morris BJ, Hankins CA, Lumbers ER, Mindel A, Klausner JD, Krieger JN, Cox G. Sex and male circumcision: Women's preferences across different cultures and countries – A systematic review. *Sexual Medicine* 2019; 7: 145-161].

Response

“Related with pleasure” has been changed to “related to pleasure”. The sentence becomes: Women’s preferences for circumcised men were related to pleasure and satisfaction during sexual intercourse compared to uncircumcised men. This is in line with other systematic reviews reporting that women would prefer circumcised men for multiple reasons including sexual pleasure (Grund et al., 2019; Morris et al., 2019).

Comment:

Page 10, line 36: “Girls were considered trivial”? What does that mean? A better word should be used.

Response

“considered trivial” has been deleted and the sentence is changed to “girls were undermined if dating and walking with uncircumcised boys”.

Comment:

Line 36, end of line: The word “They” refers to girls, which is the subject of the previous sentence. So, do the authors mean, as this sentence implies, that the girls were not ready for building relationships with women?

Response

The sentence has been changed to “Uncircumcised boys were also considered as not ready for building a relationship with women”.

Comment:

Line 48: Insert “who” “those who underwent”

Response

“who” has been added, so the sentence becomes “In the same study setting, uncircumcised men and those who underwent medical circumcision were stigmatized as boys who were immature and impossible to distinguish them from ‘real men’

Comment:

Page 11, line 13: Same comment.

Response

“who” has been added, so the sentence becomes “Another study in Africa showed that uncircumcised men and those who underwent medical circumcision would not be accepted in the community”.

Comment:

Line 15: Change “are” to “were”

Response

“are” has been changed with “were” and the sentence becomes “they were not allowed to start families within their community and are not allowed to inherit and have property on their own”.

Comment:

Line 26: Change to “consequences”

Response

“Consequence” was changed to “consequences”. The sentence becomes “These studies suggested that such consequences can lead to further psychological problems such as feeling sad, low self-esteem, feeling guilt, social withdrawal and frustration among traditionally uncircumcised men”.

Comment:

Line 35: Change to “to symbolize”

Response

The sentence was changed to “The body functions metaphorically to symbolize social status, tribal affiliation, family position, and gender”.

Comment:

Line 42: Delete “about”

Response

“about” was deleted. The sentence becomes “Nine studies described (i) shared knife and bandage, unhygienic environment and the risk for HIV transmission; (ii) TMC promoted multiple sexual intercourse and increase sex partners, (iii) Belief in the protective effects of TMC against HIV/AIDS, and (iv) TMC and Knowledge of HIV Transmission”.

Comment:

Line 46: Do not capitalize “k” and “t”

Response

“k” and “t” were changed to lowercase. The sentence becomes “iv) TMC and knowledge of HIV transmission”.

Comment:

Page 17, line 21 (and in an earlier page): PNG is not in Asia. Since it is but one country, it would be more direct and accurate for the authors to replace “Asia” with “PNG”.

Response

“Asia” was changed to PNG in the result section. The sentence becomes “TMC is mostly practiced in LMICs in Africa and in PNG”.

Page 17: “Similarly, most of the included studies were in Africa settings, only one study was in PNG”

VERSION 2 – REVIEW

REVIEWER	Ssenyonga, Ronald Makerere University, Epidemiology & Biostatistics
REVIEW RETURNED	07-Apr-2023
GENERAL COMMENTS	The authors have addressed all the comments from the three reviewers. No further comments on this
REVIEWER	Morris, Brian J. Univ Sydney, School of Medical Sciences
REVIEW RETURNED	10-Apr-2023
GENERAL COMMENTS	<p>1. A requirement of systematic reviews is that they address a specific question which is usually presented at the end of the Introduction. The authors do not provide such a question. The authors can confirm this by referring to the Cochrane Handbook for instructions on requirements for systematic reviews. The Adelaide authors should be aware of a facility at the University of Adelaide, namely, JBI: https://jbi.global This provides training and other information about systematic reviews and how to conduct them, e.g., https://sumari.jbi.global</p> <p>2. The English has improved in part as a result of some of my comments but is still 'clunky' in places. As an example, they state in various places words to the effect that they: "found no underway systematic review on this topic in LMICs and developed countries."</p>

	Besides the inferior grammar, because this statement refers to searches of PubMed, which only publishes systematic reviews that have been completed (not ones underway) systematic reviews that are underway would normally be found on that literature database. On the other hand, PROSPERO can be a source of information on systematic reviews that are planned or in progress.
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VERSION 2 – AUTHOR RESPONSE

Comment:

A requirement of systematic reviews is that they address a specific question which is usually presented at the end of the Introduction. The authors do not provide such a question. The authors can confirm this by referring to the Cochrane Handbook for instructions on requirements for systematic reviews. The Adelaide authors should be aware of a facility at the University of Adelaide, namely, JBI: <https://jbi.global> This provides training and other information about systematic reviews and how to conduct them, e.g., <https://sumari.jbi.global>

Response

The review was conducted to address these specific questions: how does TMC practice contribute to HIV transmission? What are the implications of TMC on men, their families, and societies?

Comment:

The English has improved in part as a result of some of my comments but is still 'clunky' in places. As an example, they state in various places words to the effect that they: "found no underway systematic review on this topic in LMICs and developed countries." Besides the inferior grammar, because this statement refers to searches of PubMed, which only publishes systematic reviews that have been completed (not ones underway) systematic reviews that are underway would normally be found on that literature database. On the other hand, PROSPERO can be a source of information on systematic reviews that are planned or in progress.

Response

We have thoroughly edited the language and improved the manuscript.

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